

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND		May 97-100682		
1 Date of Request: <u>4/8/97</u>		2 Serial/Patent # <u>08/800266</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			<u>2/13/97</u>	\$ <u>128</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>128</u>	
		8 TO BE REFUNDED BY:	<input checked="" type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		9 <input type="text"/> -- <input type="text"/>		
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: <u>1308-3616</u>		
SIGNATURE: <u>Merothy Tran</u>		PHONE: <u>Examiner</u>		
OFFICE: <u>OTPE T-5</u>		<u>0205</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Stephanie Staten</u>		DATE: <u>5/16/97</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

12 sheets

1st all entity

Application or Docket Number

800266

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	30 minus 20 = * 10	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	RATE
385.00	770.00
x\$11= 110	x\$22=
x40=	x80=
+130=	+260=
TOTAL 495	TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 30	Minus	** 30 =
Independent	* 3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
x\$11=	/
x40=	/
+130=	/
TOTAL ADDIT. FEE	/

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x\$11=	/
Independent	*	Minus	***	=	x40=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x\$11=	/
Independent	*	Minus	***	=	x40=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.